CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

- 718

STATEMENT OF ECONOMIC INTERESTS

RECEIVED Secondy
City Clerk's Office

FA**COVER PAGE**PRACTICES COMMISSION

FEB 0 8 2011,

| Please type or print in ink. | 11 APR - 9 PH O. FO |
|---|--|
| NAME OF FILER (LAST) | (MIDDLE) |
| Zanowic | Ella A. |
| 1. Office, Agency, or Court | |
| Agency Name | |
| City of Calimesa | |
| Division, Board, Department, District, if applicable | Your Position |
| City Council Member | Mayor |
| ▶ If filing for multiple positions, list below or on an attachment. | |
| Agency: Calimesa Redevelopment Agency | Position: Agency Member |
| 2. Jurisdiction of Office (Check at least one box) | |
| ☐ State | ☐ Judge (Statewide Jurisdiction) |
| Multi-County | County of |
| ⊠ City of Calimesa | Other |
| 3. Type of Statement (Check at least one box) | |
| Annual: The period covered is January 1, 2010, through De | ecember 31, Leaving Office: Date Left/(Check one) |
| The period covered is/, through De 2010. | , . |
| Assuming Office: Date/ | The period covered is/, through the date of leaving office. |
| Candidate: Election Year Office so | ought, if different than Part 1: |
| 4. Schedule Summary | 2 |
| Check applicable schedules or "None." | ► Total number of pages including this cover page: |
| Schedule A-1 - Investments – schedule attached | Schedule C - Income, Loans, & Business Positions – schedule attached |
| Schedule A-2 - Investments – schedule attached | Schedule D - Income - Gifts - schedule attached |
| ☐ Schedule B - Real Property – schedule attached | Schedule E - Income - Gifts - Travel Payments - schedule attached |
| -or | |
| ☐ None - No repor | rtable interests on any schedule |
| 5 | |
| herein and in any attached schedules is true and complete. I act | knowledge this is |
| I certify under penalty of perjury under the laws of the State | of California tha |
| Date Signed 2-4-3011 (month, day, year) | Signatu _ |

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

| CALIFORNIA FORM 70 | 0 |
|-------------------------------------|---|
| FAIR POLITICAL PRACTICES COMMISSION | N |
| Name | |
| | |
| | _ |
| | |

| ► 1. BUSINESS ENTITY OR TRUST | ▶ 1. BUSINESS ENTITY OR TRUST |
|--|--|
| E2 Success | |
| Name C.O. Box 1184, ConinesA. Co. 5232 | Name |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one Trust, go to 2 Business Entity, complete the box, then go to 2 | Check one Trust, go to 2 Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY TRANSING & DEVEROPMENT | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| □ \$2,000 - \$10,000 / 1996 | \$2,000 - \$10,000 |
| \$10,001 - \$100,000 | \$10,001 - \$100,000/ |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INVESTMENT Sole Proprietorship Partnership | NATURE OF INVESTMENT |
| Other | Sole Proprietorship Partnership Other |
| YOUR BUSINESS POSITION DURENT THE STREET | YOUR BUSINESS POSITION |
| ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | ➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) |
| □ \$0 - \$499 □ \$10,001 - \$100,000 | \$0 - \$499 \$10,001 - \$100,000 |
| \$500 - \$1,000 OVER \$100,000 | \$500 - \$1,000 OVER \$100,000 |
| L] \$1,001 - \$10,000 | |
| 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) | ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Altach a separate sheet if necessary.) |
| | |
| | |
| | |
| ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST | ➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST |
| Check one box: | Check one box: |
| ☐ INVESTMENT ☐ REAL PROPERTY | ☐ INVESTMENT ☐ REAL PROPERTY |
| | |
| Name of Business Entity or | Name of Business Entity or. |
| Street Address or Assessor's Parcel Number of Real Property | Street Address or Assessor's Parcel Number of Real Property |
| | |
| Description of Business Activity or | Description of Business Activity or |
| City or Other Precise Location of Real Property | City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 ACQUIRED DISPOSED | \$100,001 - \$1,000,000 ACQUIRED DISPOSED |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| Property Ownership/Deed of Trust Stock Partnership | Property Ownership/Deed of Trust Stock Partnership |
| Leasehold Other | Leasehold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |

Comments:_

SCHEDULE D Income - Gifts

| CALIFORNIA FORM 7 | |
|-------------------|--|
| Name | |

| ► NAME OF SOURCE | ► NAME OF SOURCE | |
|---|--|--|
| ADDRESS (Business Address Acceptable) 355 3. Games Ave. 46th From | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | |
| 355- S. GAMAS AVE. 46TH From | <u>'</u> | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | |
| LAWYTH | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | |
| 4, -, 3010 ; 42.70 CRA DINNER | | |
| 101-1200 : 66.86 LEAGUE Dinner | | |
| 12 125 2010 : 29.00 Cilmirmas giFT | \$ | |
| ▶ NAME OF SOURCE | ► NAME OF SOURCE | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | |
| | | |
| \$ | | |
| | \$ | |
| ► NAME OF SOURCE | ► NAME OF SOURCE | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | |
| \$ | | |
| | | |
| \$ | | |
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| On manufacture of the state of | | |
| Comments: | | |
| | | |